2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 28, 2008 08:00 AM Secretary of State DOCUMENT # P04000076454 1. Entity Name PLATINUM ARTISTS INC. Principal Place of Business Mailing Address 7475 SW 118TH STREET 7475 SW 118TH STREET MIAMI, FL 33156 US MIAMI, FL 33156 US 04042008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-1792275 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent TORRES, GEOFFREY DO NOT WRITE 7475 SW 118 ST MIAMI, FL 33156 IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE TORRES, GEOFFREY NAME 000000925216 05/20/08-80017-012 150.00 **7475 SW 118TH STREET** STREET ADDRESS MIAMI, FL 33156 CITY+ST-ZIP TITLE SOLANO, RAFAEL NAME 10325 SW 114TH CT STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33716 TITLE CASSIDY, MARLENE NAME 965 NE 72ND STREET STREET ADDRESS DO NOT WRITE CITY-ST-ZIP MIAMI, FL 33138 IN THIS SPACE TITLE MEJIA, LUIS E NAME STREET ADDRESS 8840 SW 59 LANE CITY+ST-7IP MIAMI, FL 33173 TATLE BAJUE, ULIO NAME 444 VALENCIA AVE APT 3 STREET ADDRESS CITY-ST-ZIP CORAL GABLES, FL 33134 TITLE

is fling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information found accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director sed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if indicated on this report or supplemental report of the corporation or the receiver or truste changed, or on an attachment with an adlike empowered

SIGNATURE: \

NAME STREET ADDRESS CITY-ST-ZIP

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED